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Bachman & LaPointe **Suite 1201** 900 Chapel Street New Haven, CT 06510-2802

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Nicole Motzer	(Depositor's name)
Milylog	(Signature)
November 29, 2004	(Date)

	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/914,335 12/27/2001			Thierry Grenot	01-515	2366	
	TITLE OF INVENTION	SVSTEM AND METI	AOD FOR MEASURING THE TRANSFER DI	URATIONS AND LOSS RATE	S IN HIGH VOLUME	

TELECOMMUNICATION NETWORKS

APPLN. TYPE	SMALL ENTITY	ISSUE FE	E	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE	
nonprovisional	YES	\$665 x 685		\$0	\$	665 685	12/10/2004	_
EXA	MINER	ART UNI		CLASS-SUBCLASS] `			
NGUYEN	I, HANH N	2662		370-232000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 		BACHMAN 2 3	N & LaPOINTE,	<u>P</u> .		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

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Typed or printed name

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Please check the appropriate assignee category or categories (will not be	printed on the patent):		
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Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-0184 (enclose an extra copy of this form).		
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Authorized Signature And Authorized Signature	Date November 29, 2004		

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